Role Transition of Clinical Nurse Educators Employed in Both Clinical and Faculty Positions

Teresa A. Wenner and Amy Cooper Hakim

Abstract

AIM The aim of this study was to explore how nurses experienced the role transition from clinical expert to part-time clinical faculty member when they worked in both a clinical and academic setting.

BACKGROUND In response to the current nurse faculty shortage and the anticipated return of a nationwide shortage of registered nurses, the use of part-time clinical nurse educators has been increasing.

METHOD Fourteen RNs were interviewed using online video conferencing for this qualitative phenomenological study.

RESULTS Study findings revealed seven key themes: different background-different experiences, guidance and support, challenges along the way, maintaining two work roles, influences of prior work experience, influence of personal attributes, and recommendations for successful transition.

CONCLUSION This work-role transition was found to be highly individualized and multifactorial. Results of the study may be beneficial in future administrative decision-making.

KEY WORDS Adjunct Faculty – Clinical Nurse Faculty – Nurse Faculty Retention – Work-Role Transition

Health care experts in the United States predict a nationwide shortage of 260,000 registered nurses in the workplace by 2025 related to a decreased supply accompanied by an increased demand (Egenes, 2012; Staiger, Auerbach, & Buerhaus, 2012). A shortage of state-determined, academically qualified nurse faculty is contributing to the inability of nursing schools to accept all qualified applicants (American Association of Colleges of Nursing [AACN], 2012a, 2012b, 2013; National League for Nursing, 2010).

One strategy used to address the faculty shortage has been to supplement full-time faculty with part-time adjunct faculty, particularly in clinical education roles (Caruth & Caruth, 2013; Forbes, Hickey, & White, 2010). However, the literature indicates that the transition from clinical expert to clinical faculty is challenging, leading to concerns about faculty retention (Davidson & Rourke, 2012; Roberts & Glod, 2013; Schoening, 2009, 2013). Thus, it is essential to support adjunct faculty as they transition into their new role.

Research on transition into the nurse educator role has primarily focused on full-time educators who often made a complete separation from their former role (Clark, 2013; Cranford, 2013; Goodrich, 2014; Schoening, 2009, 2013). However, many part-time clinical adjunct instructors continue to maintain clinical positions and must routinely alternate between academic and clinical work settings. In the field of nursing academia, this phenomenon is becoming commonplace (Carlson, 2015; Davidson & Rourke, 2012).

About the Authors *Teresa A. Wenner, EdD, RN, an educator at Grand View Health in Sellerville, Pennsylvania, was a doctoral student at Grand Canyon University, Phoenix, Arizona, when this study was conducted. Amy Cooper Hakim, PhD, doctoral chair at Grand Canyon University, is also a consultant and workplace expert at Cooper Strategic Group, Inc. For more information, contact Dr. Wenner at twenne@gmail.com.*

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This qualitative phenomenological study aimed to extend prior knowledge by exploring how nurses experienced the work-role transition from clinical expert to part-time clinical faculty member when working in both a clinical and academic setting. Rather than making a complete transition by leaving one workplace and starting at another, these educators must frequently switch between their academic and clinical roles.

BACKGROUND AND SIGNIFICANCE

Since the first nursing schools in the United States were founded in the 1870s, supply and demand for RNs has followed a cyclical pattern, with nursing shortages followed by abundance, leading to shortage once again (Egenes, 2012). This trend has created variations in job availability over the years. Currently, the aging of the baby boomer generation is expected to increase the number of individuals requiring health care services, thereby creating a greater need for nurses once again.

During the 2012 to 2013 academic year, participating schools of nursing reported nearly 2,000 full-time or part-time faculty vacancies, with 100 participating schools that had no official full-time vacancies reporting the need for additional faculty (AACN, 2013). Reasons for hiring reductions included lack of funding, administrative resistance, recruiting difficulty, and lack of academically qualified faculty in particular geographic regions (AACN, 2013).

Two theoretical frameworks were used to underpin this research study. The first was a four-phase process known as the *nurse educator transition theory*, which includes an anticipatory/expectation phase, disorientation phase, information seeking phase, and an identity formation phase (Schoening, 2009, 2013). The second foundation was the Bridges transition framework (Bridges, 1980), which proposes a three-phase process of transition: an ending, a neutral zone, and a new beginning.

Obtaining clinical adjunct perspective on role transition into academia is potentially valuable for higher education administrators and nurse leaders as they work toward improvements in both recruitment

and retention of nurse faculty members. Benefit potential exists on several levels, such as smoother orientations for the individuals involved in work-role transition and research-based strategies for the academic departments in which they are employed. Clinical environments may experience more confidant instructors and a shorter learning curve among new adjuncts, and with a focus on student learning rather than instructor learning, the recipients of nursing and health care services may receive higher quality care. Ultimately, it is hoped that a larger and more stable nurse educator pool will improve the ability to accommodate qualified applicants to nursing schools, leading to the expansion of the RN workforce (Cranford, 2013; Goodrich, 2014). By exploring a population whose members share a unique experience yet were from different geographic locations, testing of cross-site consistency with data collection was possible (Polit & Beck, 2014).

METHOD

A qualitative methodology and phenomenological design were utilized for this study (Moustakas, 1994). The overarching research questions explored were as follows: 1) How do part-time clinical nurse faculty members perceive the work-role transition from clinical expert to clinical instructor when they continue to maintain their clinical work position in addition to their new academic role? 2) What factors do part-time clinical nurse faculty members who work in both an academic and a clinical environment perceive to be beneficial to the work-role transition from clinical expert to clinical instructor?

There were three inclusion criteria for participation in this study. 1) The individual needed to have worked in a clinical RN position for at least three years and, based on that, was considered a clinical expert (AACN, 2014; Benner, 1982). 2) Participants needed to have worked as a clinical nursing instructor in an academic setting within the past 12 months in a part-time capacity. 3) Participants needed to be currently employed in both a clinical position and a clinical instructor position, currently and simultaneously. As this study focused on clinical teaching, data related to experience teaching the didactic (classroom) portion of courses were not collected or used as a determining factor for participation.

Data Collection

This study used a combination of purposive and snowball sampling strategies to recruit participants. Purposive sampling allowed for maximum variability with regard to geographic location, specialty area, gender, marital status, and educational background (Polit & Beck, 2014). Snowball sampling enabled early study participants to reach out to those individuals they personally knew who may meet the inclusion criteria (Polit & Beck, 2014).

Institutional review board approval was obtained from the university overseeing this study. Once signed consent was received, participants were sent an electronic link to a demographic information questionnaire created using SurveyMonkey. This information was collected using the Adapted Demographic Data Questionnaire, a tool designed and validated by Goodrich (2014) and adapted, with permission, for use with the part-time clinical instructor population.

Individual interviews scheduled for at least 60 minutes were conducted utilizing GoToMeeting video conferencing, which allowed audio and video live interaction with the ability to record. A semistructured interview guide was used; to encourage reflective thinking, this guide included open-ended questions based on the research questions. Follow-up questions were included in the guide to promote detailed and in-depth responses (Rubin & Rubin, 2011). The interviews were recorded.

Data Analysis

Recordings of the interviews were transcribed; data were organized using NVivo qualitative analysis software (Bergin, 2011). Reflection and a detailed coding process followed an initial reading of the data to get a general sense of the information collected. First- and second-cycle coding was completed following the recommendations of Saldana (2013), and a reference codebook was developed. Data collection was discontinued when data saturation occurred and no new information or themes were being generated.

Several approaches were utilized to ensure reliability and validity for this study. During data collection, the use of the interview guide created consistency in the way questions were phrased. During the data analysis, space triangulation and member checking were utilized. Space triangulation involved collecting data from different locations across the United States, which helped increase the trustworthiness of the results (Halcomb & Andrew, 2005). An initial member check was completed with each participant during the interview itself; a second check was completed with three participants after the interviews were transcribed, coded, and organized into categories but prior to the identification of themes. The three participants verified agreement with the preliminary results.

RESULTS

The ages of the 14 participants ranged from 20–29 to 60–69 years. One participant was male; the majority were married and had between one and four children; the demographic data tool used did not ask about ethnicity. Ten participants had pursued a baccalaureate degree for prelicensure nursing education, two attended an associate degree program, and two had graduated from a diploma school. Initial RN licensure had been obtained as recently as within 6 to 10 years and as long ago as 41 to 45 years. Six participants reported having been in an academic nurse educator role between 3 and 5 years, three had less than 3 years of experience, three reported 6 to 10 years of experience, and one participant reported having 31 to 35 years working in the nurse educator role. Thirteen participants were from the Northeast, and one was from the Midwest. Participants represented a variety of specialty areas; the area most represented, by five participants, was medical-surgical nursing.

As participants shared their lived experience, seven key themes emerged: 1) different background, different experiences; 2) guidance and support; 3) challenges along the way; 4) maintaining two work roles; 5) influences of prior work experience; 6) influence of personal attributes; and 7) recommendations for successful transition. Comments also expanded on both the Bridges (1980) transition framework and the nurse educator transition theory (Schoening, 2009, 2013). To enhance confidentiality, a coding system differentiating participants with unique identifiers was used in lieu of real names.

Different Backgrounds, Different Experiences

Each of the clinical nursing instructors had a different personal and professional background, came into academia with different expectations, and had different previous experiences once they began working in this new field. Thus, inconsistencies were normal for this population.

Participants' perceptions of readiness to move into clinical education were most frequently based on a personal desire. Other

readiness factors were intentional recruitment, prior experience precepting or orienting nurses, prior experience in education, and a personal sense of confidence. Rich focused on intentional recruitment as he commented, "Guess it's a little over 20 years now…the person in charge of the nursing program…asked me if I'd be willing to teach clinical, and I said, sure why not." Leah shared how her confidence grew through precepting new nurses: "How I decided…I guess a little bit of a leap of faith…I had ended up precepting a lot of new nurses on the unit. And that kinda made me realize that I knew more than I thought I knew."

When participants were asked if they perceived part-time work as a clinical educator influenced their transition experience, about half indicated that it was very advantageous; the others reported it was a deterrent to their success. One advantage of part-time status was that it was mutually beneficial for the university and the instructor. It supplemented full-time staff, helped the employee become acquainted with academia while keeping clinical skills sharp, and allowed for schedule flexibility. Disadvantages focused on a sense of detachment, a lack of awareness of what was going on at the university, and being cancelled first if student enrollment changed.

Participants' feelings regarding their personal role transitions also varied. In general, the results indicated that, initially, participants had many uncomfortable feelings, interspersed with an occasional sense of satisfaction. After some time had passed, their confidence increased and eased some of those negative feelings. As participants began their nurse educator career, many reported feelings of anxiety, uncertainty, insecurity, and being overwhelmed. After a few semesters, despite progress in how they felt about their abilities, some participants continued to report having unsettled tendencies. For example, after working for several semesters, Mary said, "I feel that I'm still learning so I don't feel that confidence that I would have if I had been doing this all along."

Guidance and Support

Guidance for adjunct instructors came from both formal and informal avenues and from a variety of sources, such as full-time faculty, other adjunct instructors, support staff at the university, staff from the assigned clinical site, and even the students themselves. Guidance was also provided in several different formats, such as face-to-face contacts, phone calls, emails, and text messages.

Ruth shared how readily available the lead instructor was in responding to questions, for example, for an assignment she was grading. "Whoever the lead instructor was for the course…was kinda like my go-to person, you know…just kinda saying…if you have any questions, like contact me." Other participants discussed how helpful other adjuncts were in providing much needed guidance. Flora shared, "I've also reached out to other educators, just to kinda say, hey, you know, when you're at clinical, like what is your flow like? Like, how do you handle eight students or…what kind of advice can you give me?"

The top types of help included full-time faculty, clinical site familiarity, mentoring, colleague support, and printed resources. Michelle discussed how the support of the full-time faculty helped her, and Holly spoke of the value of colleague support: "Having other clinical people to talk to, whether it's in a formal mentor role or to bounce things off because you are in isolation with your students when you are in a clinical setting with your students…. But I think that bond between more seasoned clinical educators and the less seasoned; I think helps ease that transition."

Challenges Along the Way

Types of challenges most frequently mentioned were evaluation and grading, communication with students, flying by the seat of your pants, and experiencing a learning curve. Hindrances believed to impede a successful transition included full-time faculty, lack of communication, and lack of information on how to teach. Sally discussed the difficulty she had working with a student assigned to her clinical group who had previously failed a course: "The student…wouldn't turn in paperwork, she was late all the time, she completely just didn't come to the med lab, then I called her saying, 'are you ok? Are you sick or something?' And her response was, 'Uh, well I just didn't want to suffer through a class that I've already been to before. I did that last year and I'm just not coming.'"

Hannah discussed lack of communication and expressed her desire to have someone explain things to her: "If someone would actually sit down prior to beginning and step-by-step go through every piece of paper that is required of the student, every expectation that is required of the teacher, suggestions to evaluating the student and then just a couple of contingency plans."

Although full-time faculty was listed as a source of guidance and help, they were also considered a potential hindrance to role transition, something that stood in the way of success. Pamela shared her experience working with a less than ideal full-time instructor that forced her to create her own much-needed structure. In reference to on-campus lab days, Michelle discussed a lack of information on how to teach: "We didn't really go over what to teach, it was just like the syllabus thing, and you need to teach them this and check them off today. Like the insulin and the Foley and all of those…I mean I know how to do them, I know how to teach them when it's one on one, but then when you have four or five of us with maybe seven or eight kids each."

Maintaining Two Work Roles

Maintaining two work roles was found to have both beneficial aspects and unfortunate consequences. Beneficial aspects included improvements in teaching abilities, personal advantages, and professional growth opportunities. Pamela told how her clinical work promoted improvements in her teaching abilities: "I just really felt that I needed to work in the community so I could bring those experiences home to students."

Examples of personal advantages included improved self-esteem, a flexible schedule, maintaining credibility, and being seen as a role model. Professional growth opportunities consisted of increasing personal knowledge by working in more than one location, keeping nursing skills up to date through regular practice, and increasing awareness of evidence-based research and policy changes. Michelle emphasized the professional growth opportunities of staying involved with the clinical aspects of nursing: "I like teaching because it keeps my nursing skill in, fresh in my mind because, you know, being in this clinic, I'm not really doing catheters anymore and I'm not doing chest tubes and dressings…I think that really helps to keep my mind in the med-surg world."

The unfortunate consequences of dual employment varied based on personal circumstances. Several participants indicated that they held more than one part-time clinical adjunct position; some had three or four employers at the same time. Consequences consisted of personal investment, responsibility overload, role confusion, and scheduling hassles. Personal investment included time for orientation; hassles consisted of juggling various work schedule and last minute cancellations.

Role confusion resulted when an individual served in more than one role on the same unit, such as being both a staff RN and a clinical nursing instructor. Rich shared his perspective on the required personal investments and organizational challenges that come with holding down more than one job: "Well, I think the hardest thing with that is the fact of finding out who needs what…. And the other issue is trying to make sure you're meeting all the requirements depending on what hospital you get put at. Now with the new computer system and you know, flu vaccinations, a lot of the stuff I have, drug testing, I get that done but it's like to remember who needs to see this stuff, is the hard part for me."

Influence of Prior Work Experiences

Responses related to prior work experience brought into clinical teaching focused on knowledge, interpersonal skills, and general abilities. The knowledge-based experiences included an evidence-based practice focus and staying current. Interpersonal skills consisted of adjusting to learner needs, communication, and teamwork. The general abilities area contained strong clinical background, leadership and management abilities, military experience, mistakes of others, remaining calm under stress, and time management.

Wendy emphasized her ability to adjust her teaching style to meet a learner's needs and discussed her ability to handle crises calmly: "[When] something does start to go wrong, to remain calm and take a step back and remember to go through the steps. To always have your steps. You know, if the patient is starting to bleed out, you don't jump up and panic, you do step one first and go from there."

Holly spoke of how the breadth of her clinical experiences laid a solid foundation for her teaching career: "I think that my clinical experiences were in a lot of different settings, inpatient and outpatient and psychiatric/mental health with a variety of age groups, from young children to older adults. And that I worked in pediatric in inpatient, acute inpatient, inpatient rehab, and home care. So, I think being a nurse in a variety of contexts is what helps me see the global concepts that apply to nursing that helps me be successful as an adjunct."

Claire also mentioned the positive influence of her prior clinical and management work as she stated: "My experience as a young manager and you know, having formal leadership, I think that was a tremendous help."

Influence of Personal Attributes

Comments shared regarding the influence of personal attributes focused on personality, nonmodifiable characteristics such as age and maturity, modifiable traits, and motivation. Examples of personality encompassed being accepting of different perspectives; being adaptable, approachable, caring, determined, flexible, friendly, humorous, inquiring, outgoing, and patient; being an encourager and having preference for an active lifestyle and a type A personality. Modifiable traits all had the potential to improve through intentional efforts such as attending classes or receiving career coaching. Responses included confidence level, coping skills, creativity, education, intelligence, lifelong learner, organizational abilities, setting boundaries, and willingness to ask for help.

Humor as a personality trait was among the top shared by participants. Even participants who did not mention humor specifically demonstrated a sense of humor as they discussed their adjunct role. Sally excitedly spoke of humor: "Oh, yeah, yeah. I use humor a lot, a lot. And I think that makes my classes engaging, also the fact that I have an accent, they have to listen hard to what I'm saying [laughs]." Flora also described humor as she said: "You know, I try to make clinical, obviously, it's a serious environment, and we're there to work and to learn…I do a lot of smiling and I joke with them too. Because I want them to have a good time, I want them to have a good experience and to not feel like complete nervous wrecks, um, while they're there."

Ruth and Pamela mentioned the benefits of time management skills, whereas Kathryn and Claire emphasized the need for a strong work ethic. Hannah spoke specifically of how she felt her motivation inspires students: "So, I'm a very motivated person myself. But um, so, I think I bring that kinda energy to the setting and I hold that bar kinda high, that I expect motivation. It's not about doing everything perfect, it's about being motivated to learn it."

Recommendations for Optimal Role Transition

The seventh and final theme that emerged pertained to personal recommendations for higher education administrators regarding how to encourage successful role transition among clinical nursing adjuncts. Mentoring stood out, being spoken of the most. Holly shared that universities should "develop a more clear way of mentoring new faculty because I think it's still hit and miss and some people don't get it at all and other people get it." Participants also discussed providing opportunities for adjunct-to-adjunct interaction. Flora shared: "So, sometimes I'll see names of other adjuncts…. It'd be nice to chat with them, and um, you know, kinda network…I would like that." Mary agreed, indicating it was important to share helpful tips for other adjuncts.

Another recommendation regarding the onboarding process came from Claire, who had a management background: "I would explain to them that perhaps they would get a great return on investment from some type of preparation program. Um, whether it be something as informal as a PowerPoint they send home, or they consider these teaching styles and give an example or a case study. Maybe, how to handle a difficult student. Like, a quick blow by blow on what to say to them. Just so you have some tools in your toolkit before you head out and you experience it for the first time."

DISCUSSION

Study participants indicated that the transition from clinical expert to part-time clinical faculty member was both highly individualized and multifactorial. The population of adjunct clinical faculty is composed of unique individuals, each with a different personal and professional background, prior work experiences, and personal attributes. They do not enter the academic world on the same footing and require a personal evaluation upon entry to determine what needs and desires exist in order to foster a successful transition.

Guidance and support provided by full-time faculty and colleges and university administrators were considered essential yet inconsistent. When adequate guidance was provided, adjunct faculty members felt well supported and had the resources needed to be successful in their teaching role. However, there were several instances where this had not occurred, which left the adjunct both wanting and needing additional information.

The harsh reality was that there were things that caused challenges for part-time instructors during their transition and even hindered progress at times. Participant comments indicated that this was not done intentionally; nevertheless, some circumstances were counterproductive to what the adjunct instructor population needed

and desired. Top concerns were a general lack of communication, insufficient knowledge on how to teach, uncertainty relating to evaluation and grading practices, and feeling left to fly by the seat of their pants as they dealt with unexpected situations. Efforts to minimize potential obstacles would be beneficial for all involved.

Maintaining two work roles by its nature causes clinical instructors to switch back and forth between types of work and role responsibilities. This switching of roles brings improvements in knowledge sharing, teaching abilities, self-esteem, and maintaining credibility. However, it can also bring feelings of being overworked and may require significant time and financial investment as instructors engage in multiple orientations, juggle schedules, and, in some cases, complete expensive and confusing mandatory requirements. Greater awareness and sensitivity regarding the challenges involved with dual employment will assist clinical instructors in their role transition.

Part-time clinical adjunct instructors bring a wealth of expertise with them into the academic setting. In many cases, their readiness was related to suggestions or encouragement by others who saw great potential in them. In other situations, nurses were personally motivated and felt prepared as a result of prior clinical and educational experiences. An exploration of both prior work experiences and personal attributes demonstrated that each adjunct has unique characteristics and abilities that have the potential to help them succeed as clinical faculty members.

Findings from this study may help improve recruitment strategies and the retention of part-time faculty. Word-of-mouth advertising regarding well-constructed orientation programs may help attract employees while promoting smooth transitions that help in retention. Improvements in both recruitment and retention may enhance the capacity of nursing schools to accept qualified students, which ultimately has the potential to improve the quality of nursing care delivered worldwide.

Participants in this study were eager to share their personal experience of transitioning into academia. The demographic data questionnaire indicated that only one individual was "somewhat unlikely" to remain in academia for the next three years. A majority, 11 participants, reported they were "highly likely" to stay for three years, which demonstrates their dedication to their academic career. In combination with the increased use of part-time clinical nursing adjuncts (Forbes et al., 2010), it would be most useful to apply the new knowledge that has been obtained in this study.

Although the first six themes derived from the data provide a greater awareness of the challenges faced by adjunct faculty, Theme 7: Recommendations for Optimal Role Transition, provides the most practical implications. Higher education administrators, nursing department administrators, and faculty in all nursing programs should consider implementing these recommendations. The top two recommendations were adding or improving mentoring and providing opportunities for adjunct-to-adjunct interaction. Additional recommendations included increased communication and adjunct involvement, along with increased consistency. Part-time employees should not be left guessing whether resources will be available.

Administratively speaking, recommendations focused on making improvements to the hiring process, including enhanced onboarding processes, an intentional focus on retention, and continuing education on how to teach more effectively. Lastly, adjuncts would like to share what they have learned with new employees and would benefit from a platform that allows them to provide tips for other adjuncts. All indicators in this study support adjuncts having a desire to make a successful transition and to perform the job to the best of their abilities.

Limitations

Technological barriers limited this study as not all clinical adjunct instructors were comfortable with technology and chose to use the telephone for interviews, not the online camera (Dolan, Hall, Karlsson, & Martinak, 2013; Meixner, Kruck, & Madden, 2010). Potential participants may have never read or received the email invitation or chose not to participate due to the technology involved. The personal experience of the researcher, having completed the work-role transition of being a clinical expert and moving into an adjunct teaching position, created a potential for personal bias (Rubin & Rubin, 2011).

Only one male adjunct faculty member participated in the study, representing 7 percent of the sample. Although AACN (2014) reported that only 5.5 percent of the full-time nurse faculty population is male, having only one male participant limited the value of the findings.

Recommendations

It is recommended that future researchers seek out male perspectives and the perspectives of adjunct faculty from the South, Western, and Midwest. A replication study with a focus on more diverse participants would allow for a more a detailed exploration of this phenomenon. Lastly, future research is recommended regarding prior work experience and personal attributes or internal factors that assist with work-role transition. Participants freely spoke about both of these areas and long lists were generated from both categories. At this point, a quantitative study seeking to explore these areas more fully is in order.

CONCLUSION

The successful role transition of part-time clinical nursing instructors has a tremendous potential benefit for both those involved with nursing education and society as a whole. Improving this transitional experience must remain a priority for administrators of academic nursing departments. Opportunities for growth in this area are abundant. Insights from this study may help guide the way to a more stable clinical nurse faculty workforce and ultimately toward improvements in the quality of nursing care.

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